

Well Baby Visit - Twelve Months

Date: _____ Weight: _____ Length: _____ Head size: _____

The 12-month-old child continues making major gains in development and begins displaying independence. Get ready! Your baby is about to enter the toddler stage of child development. Some 1-year-old children are cruising around furniture while others are walking. All 1-year-olds get into everything and become more vocal . . . and more assertive! Your child's world is enlarging, bringing new excitement and new challenges to you as a parent. The following comments are designed to help you enjoy your 12-month-old while continuing to gain confidence in yourselves as parents.

PARENTING AND BEHAVIORAL

- Keep up a constant chatter with your 12-month-old child. Talking to your child while dressing, bathing, feeding, playing, walking and driving encourages speech development.
- Encourage play with age-appropriate toys. Children this age love push and pull toys. Other appropriate toys include blocks for stacking and building; picture books; soft, cuddly toys; balls; and toy telephones. Choose toys carefully, avoiding all toys with small pieces that can be easily removed and swallowed or have sharp edges. Toys that are rounded and made of wood or soft, but strong, plastic are usually safe. Unbreakable household objects such as plastic measuring cups, large wooden spoons, pots, pans and plastic containers make great toys. A foam rubber ball helps the child develop his small motor skills.
- Appropriate games include naming body parts, and imitating adult activities like housework, etc. Develop motor coordination by clapping and dancing to children's music. Encourage your toddler to play alone with supervision, as well as with playmates, siblings and parents.
- Because your one year-old is mobile, whether crawling, cruising, or walking, it is important to begin putting limits on her behavior. Children learn by exploration but need safe limits. You can also provide opportunities for safe exploration by childproofing a "toy area" for your baby, where a caregiver can easily see her, but not distract her from her play.
- It is important to teach the child the word "no." Saying "no" in a stern voice with good eye contact is almost always effective in this age group. Some parents have a fear of the word "no." They do not want their child to feel restricted, so they bend the other way and let their youngster run wild without any limits. A child needs guidance for his own protection and to learn that others have rights. "No" at the appropriate time is as important for the child's development as is nutrition and love. Discipline is a form of guiding your child and teaching him how to gain self-control, to respect other's rights, and to live by society's rules. Infants one year of age need reasonable limits set to help them learn what is expected of them, as well as to protect them from harmful situations.
- Discipline should be consistent to be effective. To discipline a 12 month-old, use distraction, loving restraint, removal of the object from the toddler or the toddler from the object. Most one year olds understand the meaning of "No". You must be consistent in teaching your children; thus, "No" means "No" for the same thing every day. Parents should discuss what is acceptable and unacceptable behavior so that they will be consistent in what is allowed and what is not allowed. Do not be surprised if your child says, "No" in return.
- Discipline does not mean punishment or spanking. If you become angry with your baby, put your little one in her crib or playpen for one or two minutes of "time out." This will allow you to calm down and it also allows your baby to realize that she has done something wrong. During "time out" the child should not be able to see you or any other family member. Avoid slapping hands or spanking at this age since your baby will find this action hard to understand. If parents show loss of control by hitting or yelling, they will be teaching their children similar behavior when frustrated.
- Remember that aggressive behaviors - hitting and biting - are common at this age. How parents respond to this behavior determines if it will continue.
- Despite your child's desire to become independent, you will find the 12 month-old often clinging to a parent more than before. In addition, stranger anxiety may cause some parents not to be able to leave their child with grandparents or a baby sitter. If at all possible, try to get the baby to know the sitter with you present before leaving him alone with the sitter for the first time. It is important for parents to get out from time to time without their child. You get a breather, and your child learns that sometimes you do go away, but you always come back.
- Children this age are trying to learn to be independent, but they cannot judge correct or safe behavior. Anticipate problems; for example, put valuable or breakable articles out of reach instead of having to say "No" all the time.
- Establish a bedtime routine and other habits to discourage night awakening. Make sure your baby has learned self-soothing techniques by providing your child with the same transitional object, such as a stuffed animal, special blanket or favorite toy.
- Praise the toddler for good behavior.

DEVELOPMENT

Your 12 month old:

- Pulls to stand, cruises only furniture, or walks alone with an unsteady gait.
- May fall frequently.
- Climbs and gets into everything.
- Picks up small objects with the index finger and thumb.
- Holds and drinks from a cup.
- Responds to his own name.
- Makes attempts to feed herself, especially finger foods.
- Says "dada" or "mama" specifically to his father or mother.
- Says/signs one to three "words" in addition to "dada" and "mama"; tries to say words she hears.
- Understands a few words, such as "no-no" and "bye-bye."
- Bangs two toys together.
- Tries to build a tower with blocks.
- Plays a social game, such as pat-a-cake, peek-a-boo and so-big.
- Sleeps through the night except for an occasional night waking.
- Shows feelings of pleasure and eagerness.
- Shows displeasure with loss of a toy or when left alone in a room.
- Waves "bye-bye."
- Points with a finger.
- Will begin to cooperate a little in getting dressed by holding still.

FEEDING

- Your baby's appetite is going to decrease in the next six months. Your child has been experiencing very rapid growth for a while - doubling their birth weight at 5-6 months and tripling it at a year. Now their rate of growth is slower than in the first year, therefore, their appetite diminishes. Do not misinterpret this normal decrease in eating as a sign of illness or disease. Never, under any circumstances, force a child to eat. Develop a "take it or leave it" attitude and do not get into the habit of substituting, bribing or begging your child to eat. Your child will determine the amount of food he needs; do not overload the plate - offer seconds if he still seems hungry. Obesity is on an upward trend in the United States, and many adults learned to overeat in childhood.
- Toddlers may be picky and refuse certain foods. Keep servings small and try foods again at a later date. As long as your baby is eating a variety of foods from all of the food groups, he should not need additional vitamins or iron.
- Your baby can now have whole milk, instead of iron-fortified formula. She should be drinking from a cup. Offer a cup of milk at each meal. If you are breast feeding, discuss with your child's pediatrician your feelings about weaning to a cup.
- If your child is still drinking from a bottle, you should try to wean him completely from the bottle within the next month. The easiest way to do this is by taking advantage of his natural curiosity and desire to imitate adults. Parents should buy two or three brightly colored plastic cups and begin drinking out of these new cups. Since he will want the same thing the parents have, start giving him milk in an identical cup. After one year, the bottle is more of a comfort item and can cause damage to the teeth.
- Feedings should be on a routine mealtime schedule, which hopefully coincides with the family mealtimes. Try scheduling 4-5 feedings per day, at a minimum - usually three meals a day eaten with the family, and a midmorning and mid-afternoon snack.
- Your baby can have most of the same foods as the rest of your family, but there are a few exceptions. Avoid highly spiced or deep-fried foods.
- Encourage your baby also to eat from a spoon and pick up finger foods to feed himself, as his grasp gets better, as well as drink from a cup. Most children cannot master utensils until 18 months, but using a spoon now will help him adapt more quickly. It will be messy, but placing newspapers or a plastic sheet under the chair may help. Finger foods include: Toast (in strips), crackers, cooked vegetables (whole peas, green beans, sliced carrots, broccoli, asparagus), soft cheese cubes, diced hard boiled eggs, small pieces of ripe fruit (bananas, peaches, pears, strawberries, orange slices), soda or graham crackers, or cheerios (watch carefully).
- Resist the temptation to feed your baby desserts, puddings, more than 8 oz of juice/day, or soft drinks. They will spoil their appetite for more nourishing foods.
- Make sure your child gets enough iron. Iron-enriched cereals, meat, fish, and poultry are the best choices.

- Table foods should still be cooked until very soft (depending on the number of teeth your child has), with no additional salt, fats, or spices. Most babies at this age are eating table foods, but if your child still prefers "baby food" that is okay.
- Avoid giving foods that can cause choking. The most common foods babies aspirate are peanuts, popcorn, hot dogs/sausages, carrot sticks, celery sticks, whole grapes, nuts, raisins, corn, whole beans, hard candy, gum, large pieces of raw vegetables/fruit, and tough meat. Avoid large pieces of food, which also pose a choking hazard. Always supervise your baby while eating and learn the proper emergency procedures for choking.
- Keep an eye on your baby when eating. Have her sit in a high chair. Do not allow walking around, running, or excitement during mealtime.
- If there is a strong family history of a food allergy, you might want to limit or avoid highly allergenic foods, such as eggs, strawberries, nuts/nut products, and seafood until your baby is older (most are safe to try at 1 year, but nuts should be avoided until 3 years if there is a personal or strong family history).
- Continue to give the breast-feeding infant supplemental Vitamin D, and fluoride supplements, if your water supply is not fluoridated.
- If another caregiver is feeding your baby, go over the schedule to make sure she is feeding your infant the way you want.
- Because your baby is getting ready to cut teeth, she may be "gnawing" on everything.
- The following guidelines are suggestions for amounts of different foods:
 - ⇒ Milk: 16 to 24 ounces each day of breast or whole milk. Avoid 2% or skim milk until after the second birthday. Cheese, yogurt, puddings, ice cream, cottage cheese, etc, may also be offered, and included in daily total milk intake.
 - ⇒ Bread & Cereals: Four servings per day. A serving size is $\frac{1}{2}$ slice or $\frac{1}{4}$ to $\frac{1}{3}$ cup of cereals, noodles, or rice. You may choose from baby cereals, cream of wheat, chunks of potatoes, tortillas, or dried or toasted bread in strips.
 - ⇒ Fruits & Vegetables: Two servings of each every day. A fruit serving is $\frac{1}{2}$ of a small fruit, $\frac{1}{4}$ cup fruit, or 4 ounces of any frozen or canned natural, unsweetened fruit juice. Excess juice consumption leads to malnutrition, diarrhea, and cavities. A vegetable serving is $\frac{1}{4}$ cup, and should be cooked without salt or spices.
 - ⇒ Meats: Two servings per day. A serving size is one ounce (2 tablespoons) of ground or chopped meat, such as chicken, liver, beef, or pork (remove fat and bones). Use small, bite size pieces for now. Meat substitutes can be used occasionally: cheese, pinto beans, kidney beans (cook until soft, then mash), tofu, one egg (avoid use more than two or three times a week due to cholesterol content in yolk) - soft scrambled, whole boiled egg, or boiled yolk, and peanut butter (if there is not a strong personal or family history of food allergies).

IMMUNIZATIONS

- Varivax (chickenpox vaccine)
- Measles, mumps, rubella (MMR) vaccine #1
- Ask your baby's doctor about possible side effects (fever, irritability, tenderness over the injection site).
- Make sure you get the Vaccine Adverse Reaction sheets on the immunizations your baby receives.
- A TB skin test will also be done if your child is at risk for tuberculosis exposure.

SAFETY

- Now that baby is cruising / walking and exploring (or soon will be), parents must be aware of and limit the possibility of accidents in the home. No matter how safe we think our homes are, REMEMBER, babies need constant watching! The safest place is in their bed or playpen when parents are busy. Use the playpen as an "island of safety."
- You must take safety to the "next level!" 12 month-olds are more "mobile" than ever, so childproofing, if not done previously, is a priority. Accidents kill more children than all other diseases combined. Get down on the floor at your baby's eye level and see what your toddler can get into.
- Now that your baby is more active, be more careful than ever not to leave him anyplace from which he can fall. Always keep one hand on your child and never turn your back, for even a second, when you put him on a sofa, bed, changing table or any other high place. Your baby always needs your full attention.
- Never leave your baby alone with a young sibling or pet.
- One year is the minimum age for riding in a forward-facing car seat. Continue to use a rear-facing infant car seat, in the back seat, that is properly secured at all times, until 1 year of age. Always use an approved infant car seat and never hold the baby on your lap when traveling. Once your baby weighs 20 pounds **and** is one year old, the car seat may be changed to face forward.

- Do not use an infant walker at any age. Walkers can tip over easily and carry a high risk of injury. Not only do they allow for falls down stairs, running into low tables, and tumbles out of the walkers themselves, which can lead to serious head injuries, they also can actually delay learning to crawl and walk. Play saucers are a safe alternative.
- If your home uses gas appliances, install and maintain carbon monoxide detectors.
- Continue to keep the baby's environment free of smoke, since smoke exposure can lead to increased risk of upper respiratory infections, ear infections, and burns. Keep the home and car nonsmoking zones.
- Never leave your baby alone in the bathtub or pool. Empty buckets, tubs, or small pools immediately after use. Ensure that swimming pools have a four-sided fence with a self-closing, self-latching gate.
- Avoid overexposure to the sun. Remember sunscreen (with an SPF of at least 15, but preferably 30 or more) for any outdoor activities to avoid painful, damaging sunburns. Even with sunscreen, avoid play outside during the hours between 10 a.m. and 3 p.m., when the sun is most dangerous.
- Do not leave heavy objects, or containers of hot liquids on tables with tablecloths that your baby may pull down. Watch out for burns. Check for lighters or matches left around the house or yard. Turn handles of skillets away from the edge of the stove. Teach the meaning of the word, "hot".
- To avoid scalding, set your water heater at 120 degrees. Don't carry your child around while you drink hot drinks or cook.
- Place plastic plugs in electrical sockets, or place large pieces of furniture in front of outlets. Keep all electrical cords out of reach. Avoid dangling electrical and drapery cords.
- Keep toys with small parts or other small, removable, or sharp objects out of reach. It is especially important to remind older siblings that they should always play with small objects out of reach of the baby.
- The cupboard under the kitchen sink is very attractive to a baby of this age, so have a lock put on all doors that have cleansers, detergents, bleaches, furniture polish and insecticides behind them. Keep all poisonous substances, medicines, cleaning agents, health and beauty aids, and paints and paint solvents in the original container, locked in a safe place, out of your baby's sight and reach. Never store poisonous substances in empty jars or soda bottles. Remove plants from reach, too. In case of accidental ingestion, it is important to know exactly what your baby got into. Always call Poison Control (1-800-332-3073) if an accidental ingestion occurs. Keep the number of the poison control center near the telephone.
- Remember there is no such thing as a "child proof" cap. As soon as you use medicine of any kind, replace the cap and put the bottle out of reach, preferably locked up. Be particularly vigilant when you have visiting grandparents, who are not used to watching the medicines that closely.
- Secure doors that lead to stairways, driveways, or storage areas. Use guards on windows or in front of wall heaters, stoves, or fireplaces. Use gates at the top and bottom of stairways.
- Lower the crib mattress.
- If guns are in the house, safety precautions are crucial.
- Breakable objects on the floor and low tables should be removed.
- If you have a pet, keep his food and dishes out of your baby's reach. Also, never allow your child to approach a dog while the dog is eating. Even though your pet may seem quite harmless, animal behavior can be unpredictable; do not leave them alone with your child.
- If your baby plays outside, a fenced yard and constant watching are necessary. Streets and driveways are very dangerous.
- Learn first aid and infant cardiopulmonary resuscitation (CPR).

SLEEP

- Encourage your baby to console himself by putting your child to bed awake, but drowsy.
- Establish a bedtime routine and a consistent time for bed. Be firm when it comes time for bed. Have a quiet time before bedtime. If you play actively just before bedtime, your baby will be much too stimulated to relax to go to sleep. If at all possible, your baby needs his or her own bed and bedroom.
- No bottles in bed - they may cause choking, ear infections, and cavities.
- Some 12 month-olds give up one of their naps, although most children this age still take 2 naps.
- The 12 month-old baby may show resistance to going to sleep for naps and at night, because she does not want to be separated from caregivers, or toys and games.
- If your baby wakes and cries out, check on his safety and comfort, but leave him in bed. Keep the visit brief. Avoid stimulating your infant. Do not encourage play. Don't give juice or milk. Do not allow your baby into bed with you to quiet him. Don't rock him back to sleep. All of these things will only reinforce the night awakenings, and it will become a habit. Babies must learn to put themselves back to sleep. Leave the room quickly once you feel everything is okay.

STOOLING

- If baby eats at regular times, her bowels may move at regular times, too. Her bladder is getting bigger and can hold more urine at a time. Your baby may wet less often, but more each time.
- Your baby may show a passing interest in the potty chair, but toilet training will be much easier if you wait until he is ready, usually between 18 and 36 months of age.

TEETHING

- Teething does not cause high fever or watery diarrhea. It may cause drooling, low-grade fevers, looser stools, or fussiness.
- Tylenol infant drops, in the appropriate amount, may be helpful. Over-the-counter medications for teething may help, although having your baby chew on a cold or frozen teething ring or crushed ice in a washcloth may be of more benefit for your baby's discomfort.
- When your baby gets his first tooth, you should begin brushing her teeth twice a day with a soft toothbrush. You may begin brushing your child's teeth with a tiny, pea-size amount of toothpaste.
- Don't worry if teething is delayed as every child has his own timetable for teething. The process of getting teeth can be difficult or easy and there is no reason why one baby frets and drools during tooth eruption and another sails through it without a whimper. Ask your baby's doctor what you can do if teething gives your little one a problem.
- To protect the toddler's teeth, do not put him to bed with a bottle or prop it in his or her mouth.
- To prevent cavities, avoid frequent snacking or sugary drinks. Sugary drinks, like milk, juice, and Kool-aid, should be limited to mealtimes, if given at all. If your child likes to sip throughout the day, offer water only.
- Give your child fluoride supplements as recommended by the pediatrician based on the level of fluoride in your drinking water.
- The American Dental Association recommends scheduling a visit to the dentist within six months of the eruption of the first tooth, and no later than the child's first birthday. If you take your child to the dentist at an early age, your dentist can help you prevent any problems. Contact your dental plan (www.ucci.com for active duty families) to check on coverage.

WHEN TO CALL THE DOCTOR

- Anything that bothers you!
- Poor weight gain.
- Your baby shows little interest in social interaction, avoids eye contact, and smiles infrequently.
- Your baby seems stiff or floppy.
- Your baby makes no attempt to sit or scoot around the floor.
- There are no words.
- Eyes are crossed most of the time.
- You have not seen any developmental changes since the last checkup.

NEXT APPOINTMENT

- At 15-18 months old
- Call the appointment line 2-3 weeks in advance to set up an appointment

IMPORTANT PHONE NUMBERS

- Tricare Nurse Advice Line: 1-888-887-4111
- Nurse Triage Line 556-CARE
- Clinic appointment line: 264-5000
- Clinic phone number: 556-1140/1141
- Emergency: 911
- Poison Control 1-800-332-3073